

**Department of General Services  
Teleworking Agreement**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Pos #: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Division/Bureau \_\_\_\_\_

This document constitutes an agreement between the above-named employee and the Department of General Services (DGS) regarding the terms and conditions for teleworking beginning \_\_\_\_\_ and ending on \_\_\_\_\_. This agreement will be reviewed annually and may be extended if agreeable to both DGS and the employee. Terms of this agreement may be reviewed and updated as needed.

**WORK LOCATION / SCHEDULE**

Employee's alternate work location address: _____
Employee's contact number at alternate work location: _____
Employee's work hours at the alternate work location will normally be : Start Time: _____ End Time: _____ on the following days <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Notes/Comments:
<i>Supervisor will maintain a copy of employee's work schedule, and employee's time and attendance will be tracked in the same manner as performing work at the central workplace. Teleworking schedule may be adjusted as business needs dictate.</i>

**WORK STANDARDS/PERFORMANCE**

<input type="checkbox"/>	Employee will meet with their supervisor to receive assignments and to review completed work as necessary or appropriate.
<input type="checkbox"/>	Employee will complete all assigned work according to work procedures mutually agreed upon by the employee and the supervisor, and according to guidelines and expectations stated in the employee's performance plan.
<input type="checkbox"/>	Employee agrees to perform his/her assigned duties at the agency-approved alternate work location. Failure to comply with this provision may result in loss of pay, termination of the teleworking agreement, and/or appropriate disciplinary action.
<i>Supervisor will evaluate employee's job performance according to the employee's performance plan outlined in the Employee Work Profile for their position.</i>	

**COMPENSATION/BENEFITS**

<input type="checkbox"/>	Salary rates, leave accrual rates, and travel entitlements will remain as if the employee performed all work at the central workplace.
<input type="checkbox"/>	Employee will be compensated for overtime hours worked in accordance with applicable law and policy. Employee understands that the supervisor must approve overtime work in advance. By signing this form, employee agrees that failing to obtain proper approval for overtime work may result in his/her removal from teleworking and/or appropriate action.
<input type="checkbox"/>	Employee must obtain supervisory approval before taking leave in accordance with established office procedures. By signing this form, employee agrees to follow established procedures for requesting and obtaining approval of leave.

Employee's Initials \_\_\_\_\_ Date: \_\_\_\_\_

**EQUIPMENT/EXPENSES**

<input type="checkbox"/>	Employee who uses agency equipment agrees to protect such equipment in accordance with agency guidelines. State-owned equipment will be serviced and maintained by the state.
<input type="checkbox"/>	If employee provides equipment, he/she is responsible for servicing and maintaining it. Access to agency systems must be through an approved system security channel.
<input type="checkbox"/>	Neither the agency nor the state will be liable for damages to an employee's personal or real property during the course of performance of official duties or while using state equipment in the employee's residence.
<input type="checkbox"/>	Neither the agency nor the state will be responsible for operating costs, home maintenance, or any other incidental costs (e.g., utilities) associated with the use of the employee's residence as an alternate work location.
<input type="checkbox"/>	Employee is responsible for making sure the alternate work location space is in compliance with local zoning regulations.

***List any state-owned or leased equipment that has been issued to the employee in the spaces below.***

	Item	Issue Date	VITA tag number
<input type="checkbox"/>	Computer		
<input type="checkbox"/>	Monitor		
<input type="checkbox"/>	Docking Station		
<input type="checkbox"/>	Keyboard/Mouse		n/a
<input type="checkbox"/>	Fax Machine		
<input type="checkbox"/>	Telephone		
<input type="checkbox"/>	Blackberry		
<input type="checkbox"/>	Chair		
<input type="checkbox"/>	File Cabinet		
<input type="checkbox"/>	Printer		
<input type="checkbox"/>	Scanner		
<input type="checkbox"/>	Other (specify)		
<input type="checkbox"/>	Other (specify)		
<input type="checkbox"/>	Other (specify)		
<input type="checkbox"/>	Other (specify)		

**SAFETY**

<input type="checkbox"/>	Employee is covered by the Commonwealth's Workers' Compensation Program or the Virginia Sickness and Disability Program (VSDP), as appropriate, if injured while performing official duties at the central workplace or alternate work location.
<input type="checkbox"/>	Employee agrees that the alternate work location is safe and free from hazards.
<input type="checkbox"/>	Employee agrees to bring to the immediate attention of his/her supervisor any accident or injury occurring at the alternate work location while working and to allow their supervisor to visit the alternate work location immediately after an accident has occurred in order to investigate as necessary.

*Please provide a brief description of the work area:*

Employee confirms that the alternate work location is, to the best of their knowledge, free of recognized hazards that would cause physical harm (such as frayed or loose electrical wires; wet or uneven floor surfaces; unsecured phone lines and electrical cords; etc.) The employee further confirms that, to the best of their knowledge, the space is free of asbestos-containing materials. If asbestos-containing materials are present they are undamaged and in good condition.	<input type="checkbox"/> Y <input type="checkbox"/> N
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### **CONFIDENTIALITY/SECURITY**

<input type="checkbox"/>	If using a home PC or wireless broadband for access for a home or agency-owned PC, employees must use Citrix to access agency programs.
<input type="checkbox"/>	Employee will apply approved safeguards to protect agency or state records from unauthorized disclosure or damage and will comply with privacy requirements set forth in state and agency laws and policies.
<input type="checkbox"/>	Employee agrees not to store any business related documents or data on your home PC. All work documents will be saved to the network drives for their division or to the H: drives in Citrix or in DGS authorized applications.
<input type="checkbox"/>	Report any unauthorized access or possible theft of agency data or equipment to the agency Information Security Officer and supervisor immediately.
<input type="checkbox"/>	Neither the agency nor the state will be responsible for personal information or data either lost or damaged on personal equipment while connecting to DGS resources via remote connection system.

### **INITIATION AND TERMINATION OF AGREEMENT**

<input type="checkbox"/>	Employee agrees to adhere to applicable guidelines and policies.
<input type="checkbox"/>	Employee may terminate participation in teleworking at any time unless it was a condition of employment. Sufficient notice of two weeks' notice to the agency is recommended.
<input type="checkbox"/>	Agency may terminate employee's participation in teleworking at any time for reasons to include, but not limited to, declining performance, staffing changes and other business needs. Two weeks' notice to the employee is recommended when feasible, but is not required.

<input type="checkbox"/> I have received and read the DGS Teleworking Policy HR-16 and DHRM Policy 1.61 and agree to adhere to all applicable state and agency guidelines, policies and procedures regarding teleworking.	
Employee Signature _____	Date _____
Supervisor _____	Date _____
Staff/Division Director _____	Date _____
DGS Director <i>(required for schedules of more than 8 hours of telework per week)</i> _____	Date _____
Additional Comments/Considerations:    	